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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | |
|---|-----------|------------------------|-----------|------------------------|-----------|------------|-------------|--|
| | | | | | | 10/089341 | | |
| APPLICANT(S) | | | | | | | | |
| CLAIMS | | | | | | | | |
| | AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
| | IND. 1 | DEP. 1 | IND. 2 | DEP. 2 | IND. 3 | DEP. 3 | IND. 4 | |
| 1 | 1 | | 1 | | | | | |
| 2 | 8 | | 1 | | | | | |
| 3 | 8 | | 1 | | | | | |
| 4 | 8 | | 1 | | | | | |
| 5 | | | | | | | | |
| 6 | 0 | | 1 | | | | | |
| 7 | 1 | | 1 | | | | | |
| 8 | 1 | | 1 | | | | | |
| 9 | 0 | | 1 | | | | | |
| 10 | 1 | | 1 | | | | | |
| 11 | 0 | | 1 | | | | | |
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| TOTAL IND. | 4 | ↓ | 4 | ↓ | | | | |
| TOTAL DEP. | 7 | ↓ | 7 | ↓ | | | | |
| TOTAL CLAIMS | / | [REDACTED] | / | [REDACTED] | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS